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HISTORY OF GENERIC AND SPECIFIC NAMES

OF THE MALARIAL PARASITES OF MAN.

THESIS

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HISTORY OF GENERIC AND SPECIFIC NAMES
OF THE MALARIAL PARASITES OF MAN.

There are few diseases which can be traced so surely as malaria from medical writings and from ancient times to the present.

In the fifth century B. C. Hippocrates gave a clear description of these fevers. Celsius in the first century A. D. distinguished the pernicious form of malaria. Many theories were formulated trying to explain the etiology of malarial fevers. The close relation between swamps and malaria yield to the miasmatic theory: organic and inorganic substances found in the air of the marshy districts. Lancisi was the first observer who definitely declared his belief that invisible organisms were the cause of the malariae.

Mitchell in 1849 suggested that certain spores occurring in marshy districts might be the etiological factor.

In 1879 Tiebs and Formmasi Cruelii announced their discovery of the *Leucillus Malariae*,



a bacillus found in the water and soil of malarious regions. The discovery of the infections agent of malarial fever is due to the French physician Laveran in 1880. In a report to the Societe des Hopitaux he described certain parasites occurring in the blood of malarial patients which he considered to be the cause of the disease. In a posterior monography 1881, he suggested the name "oscillaria malariae" for this newly discovered parasite. Later on the same author describes pigmented spherical bodies of different sizes which possesses amoeboid movements and accepted the term Hematozoon used by Osler.

The discovery of the new parasite arose the interests of several investigators and very soon its principal characters were known. Many names have been suggested for the malaria parasite. The following are the more important steps in the classification.

Machiafana and Celli 1885 laid particular stress upon the smaller forms of the parasite and proposed for these small bodies the term "Plasmodia".

Golgi 1885-1886 discovered the varieties of the parasite belonging respectively to quartan

and tertian fever. Osler 1887 suggested the name *Hematomonas* specie *Hematomona malariae* and describes the parasite: globular and spherical bodies, without differentiation of protoplasm containing pigment: different numbers of flagella. Metchinicoff 1887 - places the parasite in the class sporozoa and believes that the organism should be considered among the coccidia and proposes the name "*Hematophyllum malariae*". Danilewsky 1890 - ranks the parasite among sporozoa and proposes a new group "*Haemosporidia*". Grassi and Feletti 1890 - placed the malarial parasite among the Rhizopoda and proposed five distinct varieties.

Haemaoeba praecox - quotidian fever

" *immaculata* - without pigment

" *vivax* - certain fever

" *malariae* - quartan fever

Lavernia malariae - irregular fevers

Antolisei and Angelini 1890 referred to aestivo autumnal parasite as "*Henatozoon falciforme*". Danilewsky 1891 - proposed to change the name *Haemamoeba* by that of *cytamoeba*.

Marchiafava and Bignami 1891 believed

that they could separate two distinct varieties of the aestivo-autumnal parasite, quotidian and malignant tertian. Welch 1897 - proposed the name *Haematozoon falciparum* for aestino anturnal parasite. "The name *Haematozoon falciforme* is objectionable, as it implies that the shape is always falciform. The adjective "falciparum" on the other hand, indicates that the property of forming crescents is a distinctive character of the organism . . ."

Celli and Sanfelice distinguished three genera among the *Haemosporidia*, *Hemogregarina* (reptiles), *Haemoproteus* (birds), and *Plasmodium* (man). Mannaberg separated three varieties of aestino autumnal parasites, malignant tertian, pigmented quotidian and unpigmented quotidian.

Meyer and Riedes 1907 - deserved *Plasmodium* *immaculation* S. *laverania malariae*.

Craig 1909 - divided the *p. falciparum* in two sub-species, - malignant tertian and pigmented quotidian.

Emin 1914 - reported *plasmodium vivax* variety *minuta* in the Red Sea Islands.

Stephens 1914 - observed a new species,

plasmodium tenuue.

Froilao de Mello 1917 - describes P.
tenuue in Nove Goe.

Row 1917 - cultivated Quotidian parasite
(L. Praccox).

Craig 1921 - reported new cases of P.
falciparum quotidianum.

Sinton 1922 - reported various cases of
p. tenuue in India.



GENERA OF MALARIAL PARASITE

Some authors claim that the difference between the parasite of malignant tertian and the other two malarial parasites are characteristic enough to justify the division into two genera. The more important facts adduced are:

In the tertian and quartan parasites all the stages of the asexual cycle occurs in the peripheral blood, whilst in falciparum the segmenting stages take place in the internal circulation. The shape of gametocytes crescentic in falciparum spherical in the other two parasites. The possession by gametocytes of the malignant tertian parasite of a definite limiting membrane or capsule which determines their form. Type of fever regular in tertian and quartan irregular in falciparum. The great majority of authors do not consider that such differences justify the separation of two genera and today the classification of malarial parasite is:

Class	Sporozoa
Sub class	Felasporidia
Order	Haemosporidia
Family	Plasmodidal
Genus	Plasmodium
Species	<i>P. vivax</i> , <i>p. malariae</i> , <i>p. falciporum</i>

IS THERE ONLY ONE OR SEVERAL SPECIES OF
MALARIA PARASITES?

Since the beginning we must recognize two main schools with essentially different views concerning the nature of the malarial parasites. The first party is represented by Laveran and his followers, who believed that the malarial parasite was a single polymorphous organism, that there is not constant relation between the different forms in which it appears and the various types of fevers. The second party at the head of which Golgi claims that corresponding to and associated with the main types of malarial fevers we may distinguish different types of the malarial parasite or possible different parasites.

The following are the principal arguments on which is based the theory of unicity of malarial parasites. Laveran 1893 states: "I arrived at the conclusion that the different forms in which the hematozoa of paludism present themselves belong to one and the same polymorphic parasite." "The theory of the plurality of the hematozoa of paludism raises numerous objections. The unity of paludism

from a clinical and anatomo-pathological point of view, is indisputable. Certain forms under certain conditions are often met with e.g. the tertian and the quartan types are much more common in our climate than in hot countries, but it can not be said that here is a home of tertians, there a home of quartans and irregular fevers, it is in the same endemic centers that fevers of different types are contracted and these types vary in a regular manner with the season and the climate. It is a well known fact that the fever often changes in its type in the same patient, the type of fever may even modify itself when patients have left the palustral countries under conditions which exclude the idea of a new infection."

Thiroux supports Laveran's view as to the unity of the malarial parasite. He examined native children in Senegal and found that in the hot weather tropical forms amounted to 96.5 per cent of the whole number examined, and large forms (Benign tertian and quartan) to 1.5 per cent, where as in November and December the respective figures of the positive cases were 73.5 and 26.4 per cent, and in March and April they were 64.1 and 35.8 per cent positive cases.



He considered it difficult to admit a summer and winter malaria due to absolutely different species.

Armand-Delille is impressed with the fact that among the French troops in Macedonia the predominant malarial infection between the beginning of July and the end of March following was *p. falciparum* and the predominant infection from April to July was *p. vivax*. In October 95 per cent of all cases of malaria were *p. falciparum* and in July he could find only *p. vivax* after the month of December *p. vivax* was completely substituted by *p. falciparum*. He thinks this alteration of parasites is to be explained in terms of the infecting anophelines. In other words, *p. vivax* is alone present at the beginning of epidemics, whereas *p. falciparum* appears in the blood at a time when reinoculations occur, and starting from the moment when the sporozoites are introduced in an almost continuous manner into the blood, the schizonts are very small and gametocytes assume the form of crescents, well known for their resistant powers. Further, the supposition is advanced that these forms of resistance



and this aspect are the result of a modification of the blood serum, the repeated inoculations of sporozoites favoring the production of antibodies which determine the production of resistant forms of the parasite when anophelines disappear during the winter months or the patient, being in a healthy country, is no longer exposed to their bites, antibodies cease to be produced or are gradually eliminated, and the formation of crescents terminates.

Plehn explains the change of type in malaria infection by the following hypothesis: "The mosquitoes get infected with large parasites (benign tertian) in spring from relapse cases or early primary cases in which the infection has persisted from the previous year. As soon as it is warm enough they transmit the infection to man, who shows the corresponding type of parasite. Later, under the action of summer heat, the parasites in the mosquito assume other characteristics so that they acquire in the first place, the property of destroying the red cells before there is time for the large forms to develop in the latter, and, secondly, that of producing crescents. With those



characteristics, the parasites are transferred to man in the height of summer, and the mosquitoes newly infected by him cause the summer epidemic with the small parasites. In the later relapses, in many cases, the large parasites with rosettes and spherical gametocytes reappear provided the infection has not been stamped out. These later relapses, with large parasites, furnish the material for the next year, thus restarting the cycle." The author suggested that the crescent bodies are not seen in Northern Europe because the temperature is too low to allow them to develop in the mosquitoes.

Grass H. supports the unity of the malarial parasite based on the fact that repatriated soldiers from Macedonia have shown first *p. falciparum* and later on *p. vivax* and think that mixed infections are the evolution in the change of type also affirms that has been able to see the different steps in the change of type of the parasite, but unfortunately the author does not say which ones these changes are. Grassi concludes that malaria parasites are pleomorphic and polygamic in the same way as other organisms. Phenomena are encountered, especially in *Oenothera lamarkiana* and in protozoa, which



might be compared with those met with in the malarial parasites of man. The polymorphism of the malarial parasite must be attributed to a phenomenon of hybridism. However, it is possible that a deeper study undertaken from a new point of view may lead to discover a succession of tertian and crescent forms in accordance with Mendel's law. Pure forms in passing through the body of the anopheles reproduce pure forms and mixed forms reproduce mixed forms whether the gametes be of the tertian or subtertian type. It has been demonstrated by Hegner (1918) on *Arcella dentata* that the descendants of a single member can become separated into a number of strains which differ from each other as regards their hereditary characteristics. The author concludes that Laveran's theory is being revived today under new and very propitious signs.

Feichman treated 24 cases of tropical malaria for four to five months in a German military hospital in Turkey and found his cases harbored *P. vivax* at the end of the treatment. He states that recent infection was out of the question and rejects all of the usual explanations - inefficient prophylaxis, quinine fast parasites, low resistance of the patients and insufficient treatment.

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On the other side the partisans of the plurality of malarial parasites claim that the supporters of unity have interpreted erroneously some of the facts and that those facts can be better explained on the basis of plurality.

In 1889, Gualdi and Antolisei injected two patients with blood from a patient suffering with a quartan fever and possessing quartan parasites. In each of the inoculated individuals, irregular fevers with aestivo-autumnal parasites developed. These two cases have been adduced as a main support of the doctrine of mutability of the varieties of the parasite, but it was subsequently determined that the patient from whom the blood was obtained had previously suffered from irregular fever, and he subsequently developed characteristic aestivo-autumnal organism.

Von Heinrich giving statistics of 1029 cases treated during seven months, at Sarajevo, records 150 mixed infections. These, in most cases, were not diagnosed until the latent benign tertian parasites appeared in the spring, which is their optimun period of development, just as autumn is the optimun period for the tropical parasite. The two parasites can be coexistent, each has its own characters, no transitional



forms were seen.

Eisner Georg argues that cases of benign tertian occurring in persons who have suffered the previous summer from tropical malaria only, are readily explained when it is remembered that the former infection frequently remains latent for long periods. Quinine prophylaxis is able to keep benign tertian in subjection but often fails to suppress infection with *p. falciparum*. Hence in cases of double infection, the latter is first in evidence while the former only appears at a later date. He notes that in Macedonia infection with tropical malaria was acquired late in the summer at a time when quinine prophylaxis had become slack and irregular. The author advances the hypothesis that a tropical infection may actually prevent the development of a benign tertian infection.

Seyfarth, discussing the seasonal appearance of the types of malaria fever, concludes that the existence of three well defined species cannot be denied, but that under certain conditions, principally climatic, the occurrence of types of transitions is observed. As an argument against mixed infections the author cites 220 cases of subtertian in which evidence of mixed infection was carefully

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sought in the autumn and winter but not found. However, in the following Spring they relapsed with the presence of tertian parasites. When various pronocatine measures were applied to crescent carriers, tertian parasites were produced.

Former cites some facts in favor of the distinctness of the tertian and subtertian parasites. It was observed that among the troops of which he was in charge the period of tertian infection lasted from the end of July to mid-October, and that of subtertian from mid-July to the beginning of December. Blood examinations in all cases were carefully made through the malarial seasons. His conclusions are as follows: Many patients who suffered an attack of tertian in the spring had had in the previous year first tertian and then subtertian; many patients had had clinically and microscopically only subtertian. All of these men had been in the malaria region during the period when tertian predominated. In the instance of the men who were removed into the district between October and early December and suffered from subtertia, tertian fever in the Spring was never observed. The author concludes that the two types of parasites, *p. vivax* and *p. falciparum*, are quite

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distinct.

Leger states that in French Guayene the proportion of infections by the tertian parasite diminish with the age, while the infections by malignant parasite increase in proportion exactly inverses and notes that infections by quartan parasite remain unchanged.

Simons opposes the unitarian theory both on the theoretical ground and from a consideration of the cultural studies. Further, he deals with the question of the influence of temperature on the malarial parasite, a point on which those who hold the unitarian theory lay stress and cites the work of Lacharoff, who fed a leech on blood containing *p. falciparum*, kept it on ice for four days, injected the blood into himself intravenously and suffered from a tropical pernicious attack. Simons does not regard this experiment as conclusive evidence, but advances it as an argument against the views that variations in temperature can exercise a profound influence on the form of the plasmodium. He also points out that the unitarian theory, which is concerned with a morphological question, depends chiefly on epidemiological and clinical proofs, not on morphological findings. The evidence he obtained from

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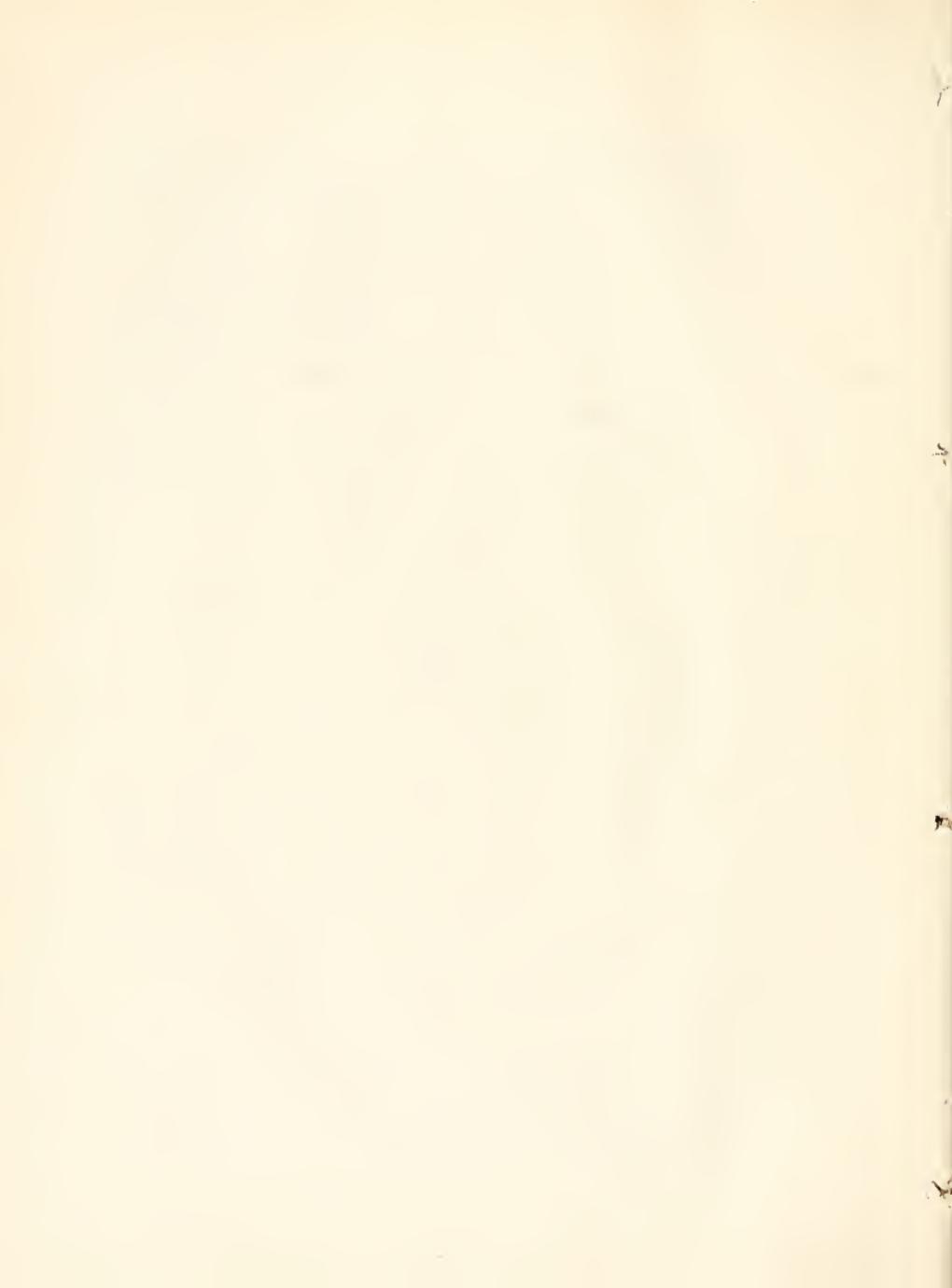
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mixed infections is ~~against~~ the unitarian theory, and he states that in such cases faulty staining technique may lead to fallacious conclusions.

Mayne notes that if due carefully analysis the accounts in the literature of approximately 100 mosquito inoculation experiments an incontrovertible fact presents itself. In every instance of positive result the type of parasite imbibed with the blood of the donor was always reproduced with regularity in the volunteer host.

In the positive inoculation experiments performed in the Public Health Service malaria laboratory located in Memphis, Tenn. the evidence presented has been uniformly confirmatory of the idea of constancy of species. The author cites the examples of a family in which under the same conditions some of its members show infection by *p. falciparum* and other *p. vivax*. After repeated microscopical blood examinations *p. vivax* was found in two members that harbored *p. falciparum* and gives as explanation double infection. The author's conclusions are that at any rate unless more data are contributed through blood cultural studies and mosquito inoculation experiments, the principle of transmutation remain merely an interesting



hypothesis and that the plurality of species is the normal status.

The fact that not all the anopheles mosquitoes are capable of conveying all the malarial parasites can only be explained on basis of the plurality of species. Dr. Leman shows that a definite species of anopheles can be the host of a certain type of malaria while other types of malaria can not develop within it. *A. quadrimaculatus* becomes infected with the parasites of tertian and quartan but not aestival-autumnal fever. He found that the distribution of *A. crucians* about the city of New Orleans corresponds very closely with the distribution of the cases of aestival autumnal fever. In Formosa Kinoshita found that the epidemic of malaria tropica depends upon the increase and decrease of *A. listoni* he states further that *A. listoni* does not occur in Japan and that the country has always been free from pernicious malaria in spite of the fact that persons suffering with pernicious malaria frequently came to Japan. The immunological reactions of malarial parasites are in favor of the theory of plurality. J. H. Ford of U. S. Army endeavored to secure an antitoxic serum by inoculating



rabbits, monkeys and goats with blood containing the plasmodia of human malaria. His conclusions regarding his work with *P. vivax* are as follows:

From the cases recorded it would appear that the successive inoculations of monkeys or goats with blood containing *P. vivax* gives raise in those animals to an antitoxin which, when injected in adequate dosage into human beings may be followed by disappearance of the parasites from the circulation and disappearance of the symptoms of malaria. This agent has not apparent influence on infection caused by a variety of the malarial parasite other than that from which it was developed.

The results of the cultivation of the malarial parasite are in favor of the theory of plurality of species. None of the persons who have been able to cultivate the parasite had observed the passage from one species into a different one. Under unfavorable conditions the parasite died without taking the crescent form which according with some of the partisans of the unicity is the form of resistance.

In the present stage of our knowledge



of the morphological and clinical features of the malarial parasite, we must admit at least three different species of parasites. *Plasmodium malariae*, *P. vivax* and *P. falciparum*.

ARE THERE TWO SUBSPECIES OR RACES OF THE
ACESTIVO-AUTOMAL PARASITE?

Several workers have described new forms of malarial parasites considered as new species or varieties while others think they are only atypical forms.

Stephens 1914 described from a single slide sent from India what he thought was a new malarial parasite with scanty cytoplasm and extreme amoeboid movement. Balfour and Wenyon concluded that the parasites were probably amoeboid forms of *P. falciparum*, and stated that they not infrequently occur shortly before death.

Craig states that *Plasmodium tenuue* is an atypical form of *P. vivax*.

Sinton 1922 found four cases of malaria due to *P. tenuue* and expresses the opinion that this parasite is the same *P. immaculata*. (Meyer- Reeder).

In the earliest stages the parasites were very small, round or slightly oval rings very like the small "signet ring" forms found in *P. falciparum*. In stage of medium size oval and tailed forms and banded forms similar to *P. malariae*.

Segmenting forms of 6 merozoites arranged in a very regular manner. Sexual forms merozoites crescentic in shape as in *P. falciparum*.

Discussing the opinion that the *tenue* form is common shortly before death the author says that the disease was of a mild nature in spite of the heavy parasitic infection and even although the patient did not receive quinine, there was a diminution of the number of parasites.

The absence of presegmenting and segmenting forms and of rounded gametocytes from the peripheral blood and at the same time the crescentic sarcocystocytes discard the theory of an atypical *P. vivax*.

F. J. Cragg cites cases in which in addition to forms similar to those described by Stephens, there were present also atypical parasites at a late stage of development and concludes that they are degenerative forms, which occur in successive attacks of fever over a long period. According to Pasieau and Huntinel the rings of *P. vivax* often assume a *P. tenue* form two hours after an intravenous injection of 0.50 grm. of quinine.

Chairers and Archibald cited a case of double infection due to plasmodium vivax in which they observed *P. tenue* and explain this *P. tenue* form as due to asexual reproduction by simple and multiple fission.

Craig divides the aestivo autumnal parasite into *P. falciparum* and *P. falciparum quotidianum* and bases the discussion on morphological and clinical differences and concludes that the morphological differences between plasmodium falciparum and *P. falciparum quotidianum* are as constant and distinctive as those between *P. vivax* and *P. malaria*. The quotidian plasmodium causes a simple intermittent quotidian curve, indistinguishable from that observed in a double infection with the benignant tertian plasmodium, while the tertian aestivo autumnal plasmodium causes a typical temperature curve which differs from that observed in any other type of malarial infection. Craig claims that the variation on the type of fevers in the two cases of Darling was due to the administration of quinine.

Darling affirms that *P. falciparum* possesses inherently both tertian and quotidian tendencies and analyzing the temperature curves in quotidian aestivo



autumnal fever given by Graff shows that are distinctly tertian in its general appearance. Concludes that *P. falciparum* exhibit irregular, continued tertian or quotidian fever curves and that the morphological differences has very little value on account of the inherent difficulties in differentiating some malarial plasmouia by microscopic examination.

Row shows plates of the quotidian parasite (*Laverania praecox*) which whole cycle is completed in 24 hours and says the culture shows a marked tendency on the part of the developing parasites to agglutinate in larger or smaller masses. The mature sporulating forms show 8 spores or less, the infected corpuscles are much larger than the normal ones.

Bertarelli described cases of aestival autumnal fever in which the parasites were reduced to the size of an anaplasma, being hardly more than a small mass of chromatin substance.

Until further studies it is difficult to decide if the differences found in the morphology and character in the malarial parasite outside of the three well established species are due to different varieties or sub-species or only are atypical forms.

THE ETIOLOGY OF RELAPSES.

The question as to what particular stage of the life history of malarial parasites is responsible for bringing about relapses has given rise to great differences of opinion, and the controversy is far from being settled. Until the parasite can be demonstrated at any stage of the long intervals between relapses, our knowledge of the origin and development of these relapses will remain incomplete. Attempts to explain them have all been based on assumptions more or less probable, chief amongst the views advanced by various authority at different times are the following:

1. The parthenogenetic view suggested by Grassi and mainly associated with the name of Schaudin. He pointed out that in an ordinary case of benign tertian infection the asexual forms disappeared very soon, and were followed in a few days by the male gametes leaving the female gametes alone. Having arrived at this point it became difficult to understand how the parasites could carry on its existence unless something happened to the female gametes to give the generation a new lease of life. Schaudin has described such an occurrence in the

form of a process of partogenesis whereby there was formed from the female gamete a new set of asexual forms capable of multiplying in the human host by a single process of division.

The critical examination of this evidence made by J. Thomas is concluded that Schaudin in the first place misinterpreted the combination of schizonts and female gametocytes as indicating schizogony of the macrogametes, and secondly, that he induced as early stages in the development, nuclear changes which occur normally in maturation.

2. The schizogony goes on without intermission through the intervals between relapses. By a process of natural selection schizogony is kept up but the number that survive at any given time are too small to produce symptoms or to be found in the peripheral blood, when the special conditions are removed a relapse occurs as pointed out by Bigami it is not necessary to suppose that such forms as survive differ morphologically from others which perish. The resistance of the host expressed in terms of antibodies, supplies a parallel explanation in the other cases.

3. The parasite survive by finding its way out of the blood stream. Merozoites, it is

thought may penetrate into endothelial cells and adaptin themselves to altered nutritive conditions, enter upon a resting stage. These endothelial cells are thrown into the blood stream from time to time. The blood would thus remain infective by direct inoculation and the parasites set free by the breaking up of these cells at a time when the conditions had again become favorable to multiplication would multiply and produce a relapse.

4. The formation of specialized asexual resistant forms. These forms if extracorporeal to begin with would be capable of living free in the plasma after the dissolution of the red cell. Some workers have described in old chronically relapsing cases forms which correspond neither to a schizont nor to a gametocyst.

5. The amount of glucose in the blood has been suggested as the cause of relapses. This hypothesis is based on the fact that malarial parasite does not grow without the presence of 0.5 per cent of glucose. Vosnida reported that in the azytic period the amount of sugar in the blood was found to be within normal limits - 0.09% in tertian, 0.08% in quartan, and 0.05% in malignant ague, on the average.

With the period of fever the amount of sugar reaches the maximum 0.112 to 0.158%.

As an objection to this theory, it has been pointed out that after muscular effort (child) and fatigue, the proportion of sugar in the blood may be increased (Dudgeon).

CULTIVATION OF MALARIAL PARASITES

To Ross belongs the credit of having been the first to demonstrate malarial parasites in culture. The experiment has since been repeated by several workers, asexual multiplication of the parasites in the culture tube has been observed in the case of all types and many successive generations of the malignant tertian parasite.

The course of the asexual development on artificial cultivation is found to be practically identical with that occurring naturally in the human host. The plasmodium grow in a thin layer near the top of the cell sediment, beneath which zone the parasites die. The parasite has been cultivated only in the red cells of human blood and are destroyed by the leucocytes as soon as they are liberated from the erythrocytes, and also by the serum. In the majority of cases it was found that dextrose must be added to the medium in order to secure growth of the parasites. Ross and Johns to avoid the destruction activities of the leucocytes centrifugated the defibrinated blood until three layers are formed, clear serum above, leucocytes below and red corpuscles at the bottom.

The clear serum pipetted off and filled into small culture tubes to make a column not deeper than 1½ inches. Red blood corpuscles and plasmodia were then drawn up from the deeper part of the corpuscular layer. The most favorable temperature found for the cultivation of these protozoa is about 40° C. Two or three generations of parasites grow in such cultures, then the plasmodia begin to die out so that if the culture is to be perpetuated, they must be transplanted to freshly prepared blood corpuscle tubes of the same kind.

Thomson was able to observe the growth of the parasite and affirms that is unnecessary to destroy the complement or to remove the leucocytes, growth moreover takes place through the whole thickness of the corpuscles and not only on the superficial layer. The time required to complete development varies from twenty-five to fifty hours.

Now devised a method of cultivation less elaborate and that requires less amount of blood.

The apparatus used by the author consists of an ordinary potato culture tube, a small culture tube with a flat bottom in order to have a thin layer of red cells. For the seclusion of the anaerobic conditions necessary for the growth of the organisms, pyrogallic acid is used. The author succeeds

in cultivating the quartan, benign tertian, malignant tertian or falciparum, and the quotidian parasite (*Plasmodium praecox*) which has the whole cycle of 24 hours.

Chambelland used a modification of Bass's procedure which is as follows:

Instruments required:

1. A 10 cc syringe and needle
2. Test tubes with apparatus for defibrination of the blood
3. Test tubes for inoculation
4. Capillary pipettes.

Media - a 50 percent solution of dextrase doubly sterilized, a 7 percent physiological solution of sodium chloride to each litre of which has been added 0.75 centigrams of sodium citrate.

Freshly drawn blood is centrifugated, the serum and white blood corpuscles are removed by the pipette and the red blood cells alone retained. Warm physiological saline is added then dextrase medium in the proportion of 15 cc for each 5 cc of the original blood.

Results - *P. malariae* and *vivax* were found too delicate to accommodate themselves to adverse culture conditions but *falciparum* can survive



and go through the cycle of development.

Linton uses a tube of special shape devised by him that has the following advantages: a large surface of red blood corpuscles with a minimal amount of blood; a maximum depth of serum with a minimal quantity. In an anaemic Lalarial patient often is very difficult to get from the finger the amount of blood which after defibrination would be sufficient to produce a column of serum at least 12 m.m. high on the top from the layer of red blood cells. This difficulty can be obviated by using ascitic or hydrocele fluid.

The ascitic fluid is drawn off with strict aseptic precautions into sterile flasks. To each 100 cc of the ascitic fluid is added 1/5 cc of a sterile 50% solution of dextrase. The flasks are then heated for half an hour at 56° C. to kill as much complement as possible without interfering with the composition of the fluid.

Optimum temperature - 37° C.

Results - malignant tertian, the growth seemed to go on to the third generation - *P. vivax* degenerated before sporulation.



PROVOCATIVE METHODS OF DIAGNOSIS

The object of provocatives is to bring a relapse or at least to make appear the parasites in the peripheral blood where they can be detected by microscopic examination and ascertain whether malarial patients are permanently cured. The subcutaneous or intramuscular injection of normal serum, milk, iron, salvarsan, ergotin, as well as various plans such as the application of X rays, cold douches, ice, etc., to the abdomen over the splenic area are among the so called provocatives which have been tried with that object.

King in 52 cases treated by strichnine reaches the following conclusions:

1. Strichnine in large doses (20 - 30 mgrms) will in 50% of cases definitely contract a large spleen but will have no appreciable action on small ones.
2. In most cases it will not increase the number of parasites in the peripheral circulation; possibly this action might occur in some of the cases in which marked contraction of a large spleen takes place. As a routine aid to diagnosis, strichnine has no place.

Reports indicate that the injection of

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adrenalin gives the highest percentage of positive results.

According to Dazzi the aministration of aurenalin (1 milligramme) does not bring a typical malarial attack but is uniformly followed by the discovery of plasmodia in the blood stream. The presence of parasites in the blood is transitory, commencing about 20 minutes after injection, it reaches its height in an hour and after 24 hours parasites are no longer to be found.

The effect of chronically enlarged spleens which contain much fibrous tissue is less marked.



QUININE PROPHYLAXIS

By this measure is meant the regular taking and absorbing of quinine in such a manner as will anticipate the first dose of sporozoites injected by a mosquito. It is, therefore, designed to prevent primary attacks of malaria. Quinine has been used to prevent malarial fevers for quite a while and in late years has been extensively administered for this purpose. The Italian government has used quinine systematically since 1902.

The results according with the statistics of Celli can not be more encouraging. The average number of deaths per year for the 10 years preceding 1902 in all Italy was 14,048; the number of deaths from malaria in the period 1911 - 1917 was 3,853, - almost one fourth of the former number. The cases of fever from one section has been reduced from 11,653 per year to 2,974 as no other means have been taken to prevent malaria among these people, this reduction must be ascribed to quinine taken as a preventive.

Stephensort - New Guinea - claims that he was able to entirely rid the place of malaria by the use of quinine alone.

Craig at Camp Stotseburg in Philippine Islands, where nearly 36 per cent of a regiment of cavalry entered the hospital with malaria during the malarial season, used one gram every seventh day and resulted in a diminution of over two thirds in the malarial infection. He points out that "at this post every other prophylactic method was used previous to the use of the quinine".

On the other hand, many investigators have found that quinine has very little if any value as prophylactic in malaria and some of them believe quinine in large doses for long period cause cessation of every energy production and eventually death, and doubt that quinine in harmless doses can act as a reliable prophylactic (J. W. Corwall)

Paoltti says that in Alvania 1917 - 1918 with the rarest exceptions the men treated contracted malaria among the prisoners in the districts of Porto and Maccarese it was found that a dose of 0.60 grms. of quinine was insufficient to prevent fever and often a dose of 1.40 grms. was not enough to arrest it. This fact is attributed to the frequency of new infections due to the great number of infected mosquitoes in their rooms.

Several theories have been expressed trying



to explain the difference on results with quinine as malaria prophylactic -

1. The quality of quinine that in many instances has been adulterated or contains less active alkaloids than supposed.

2. The form in which is administered, pills or tabletas, that are likely to pass through the intestine unchanged.

3. The people really do not take the quinine. In India the English physicians found that the soldiers used to spit out the drug. Now they give quinine in solution and the soldier must recite his regiment's number after taking quinine so as to be sure it has been swallowed. By this method the number of cases has reduced considerably.

4. The effectiveness of quinine varies with the different species of malaria parasite. "Malarial fevers are usually regarded as a single entity, and not as three distinct fevers due to three different species of parasites all of which are not equally affected by quinine". (Acton H. W.) Recent experiments show that quinine is specific for malignant tertian parasite as the cure rate is 90% or over, whilst for benign tertian the cure rate with each course of treatment is only about 25%.



The authors differ on the dose of quinine to be given as a preventive of malaria. There are two principal methods of administration, - the one canonized by Koch, large doses at considerable intervals; the other, smaller daily doses, as used in Italy. In the first method, 1 grm. (15 grains) are given daily every ninth and tenth day. A Plehn uses 1 grm. once a week. Zieman advocates one grm. given up every fourth day and if quinine be disagreeable in its effects that enquinine in doses of 1 grm. be substituted. He does not believe that in regions where pernicious forms of malaria occur Koch's method is sufficient.

Celli believes in the daily administration of quinine in average doses of 0.4 grms, for the children 0.3 grms of tanate compounded with sweet chocolate.

It has been suggested that the amount of quinine that prevents against malaria varies in each locality, according not only with the type of parasite but also is in relation with the infection, - the heavier the infection, the larger the quantity of quinine required, - and in consequence that a quinine index must be worked out to know the amount of quinine required in each locality.



Today we have to recognize that the use of quinine as a prophylactic lowers the malarial sick rate and that if sometimes fails materially to diminish the incidence of malaria in very badly affected countries, it lessens the severity of the disease and in consequence, mortality.

Its use is specially adapted in farming community where it is not practicable economically to get rid of malarial mosquitoes.



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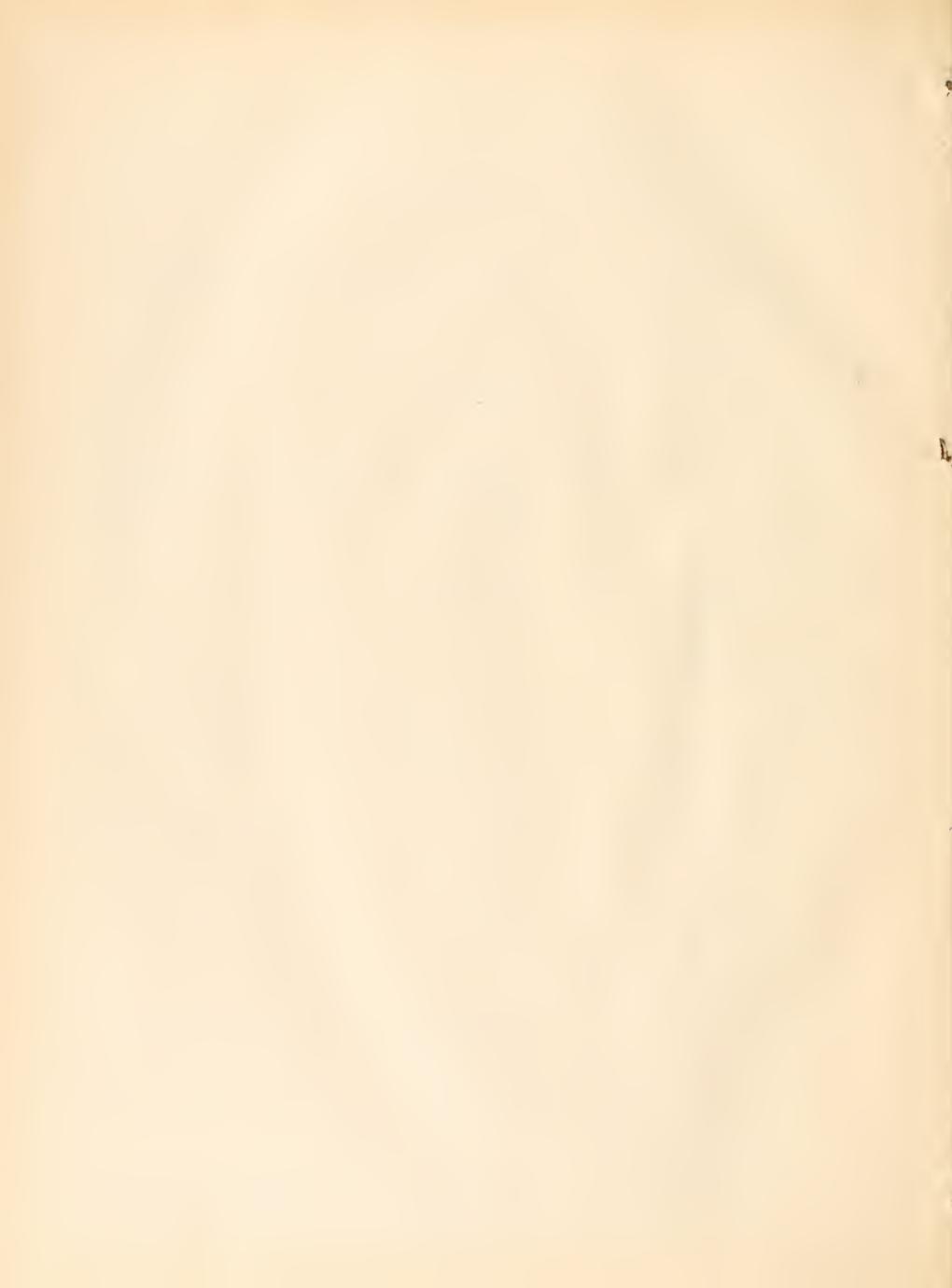
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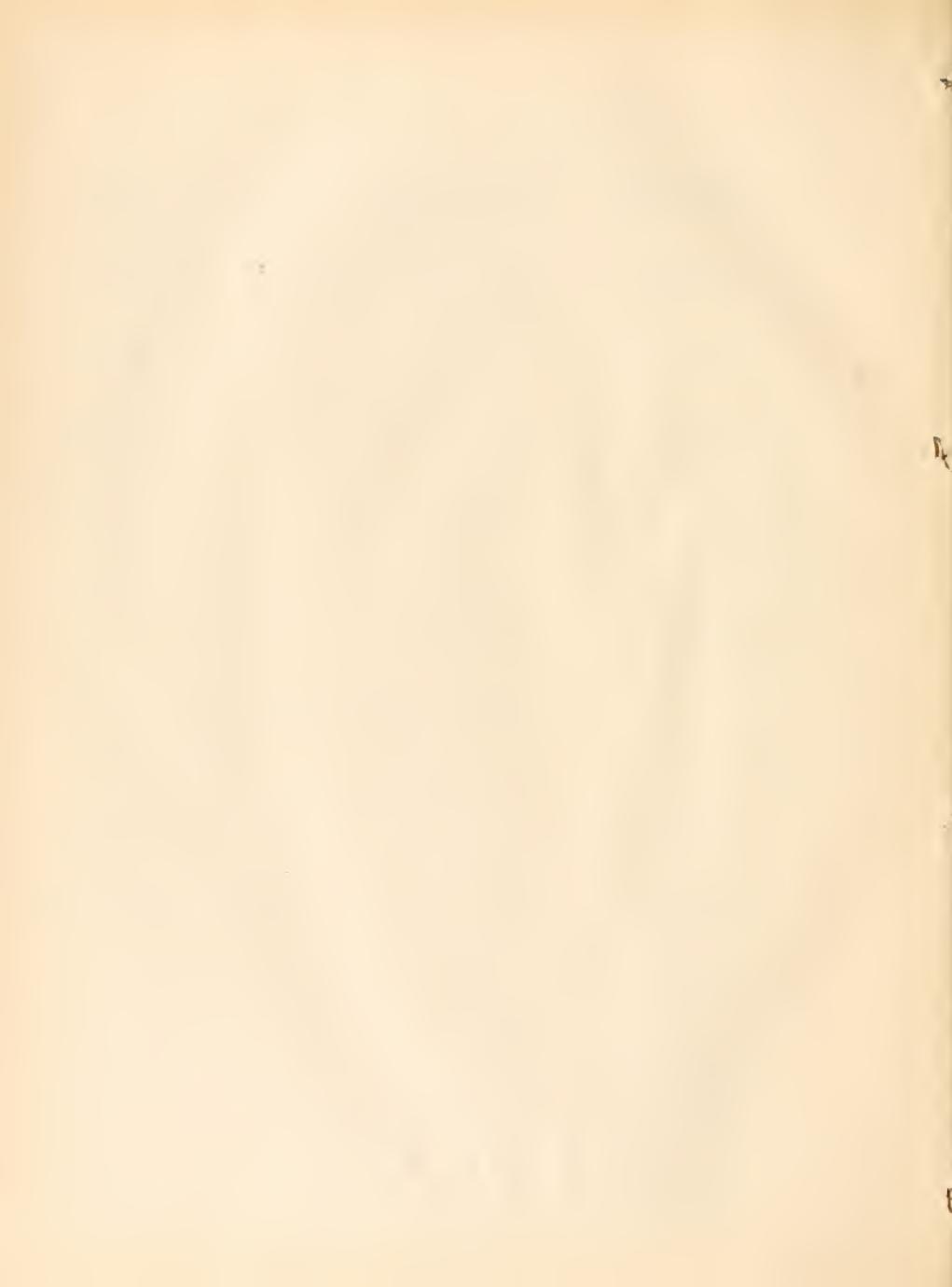
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STUDIES OF THE MALARIAL PARASITES OF MAN

by

Dr. G. Abadia.

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